

LOW/NEGLIGIBLE RISK HUMAN RESEARCH ETHICS APPLICATION
Human Research Ethics Committee

Please submit in hard copy a signed original: Research Office, Room 128, Faculty Science & Engineering Building (DB17), James Cook University, Townsville, Qld, 4811. Please also email a pdf of this application (application form and all attachments in one pdf document) to ethics@jcu.edu.au.

HUMAN ETHICS NUMBER **H**
(Office Use ONLY)

Before starting your application, please read the National Health and Medical Research Council, [National Statement on Ethical Conduct in Human Research, 2007](#)

Please answer each question of the checklist to determine the “risk” to participants in your research project. Your answers to the questions listed will determine whether your application can be reviewed as a low/negligible risk application.

If you answer “YES” to any of the questions, it may indicate that your research is not low/negligible risk.

A “YES” answer does not immediately exclude your application from review. Any “YES” answers will be considered by the Executive Review Committee and you will be advised if your application has been accepted as a low/negligible risk application or if it has been determined that it must be referred to the next meeting of the HREC for a full review.

Low risk research is defined as research in which the only foreseeable risk is one of discomfort. Discomforts include, for example, minor side-effects of medication, the discomfort of measuring blood pressure or the anxiety induced by an interview.

Negligible risk research is defined as research in which there is no foreseeable risk of harm or discomfort; and any foreseeable risk is no more than inconvenience. Examples of inconvenience may include filling in a form, participating in a street survey, or giving up time to participate in research.

Are any of the following topics covered in part or in whole in your project?				
Research about parenting issues	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Research investigating sensitive personal issues	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Research investigating sensitive cultural issues	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Explorations of grief, death or serious/traumatic loss	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Depression, mood states, anxiety	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Gambling	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Eating disorders	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Illicit drug use	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Substance abuse	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Self report of criminal behaviour	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Any psychological disorder	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Suicide	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Gender identity	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Sexuality	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Race or ethnic identity	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Any disease or health problem	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Fertility	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Termination of pregnancy	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

Are any of the following procedures to be used in your project?				
Use of personal data obtained from Commonwealth or State Government Department/Agency	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Use of personal data obtained from State Government Department/Agency	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Use of personal information from a non-government organisation	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Deception of participants	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Concealing the purposes of the research	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Covert observation	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Audio or visual recording without consent	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Recruitment of a third party or agency	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

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Withholding from one group specific treatments or methods of learning, from which they may "benefit" (e.g. in medicine or teaching)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Psychological interventions or treatments	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Administration of physical stimulation	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Invasive physical procedures	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Invasive physical procedures	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Infliction of pain	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Administration of drugs	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Administration of other substances	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Exposure to ionising radiation	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Tissue sampling or blood taking	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Collecting body fluid	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Use of medical records where participants can be identified or linked	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Genetic testing/DNA Extraction	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Drug trials or other clinical trials	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

Other Risks?				
Are there any potential risks to the researcher? (e.g. research conducted in unsafe environments or trouble spots)?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Are there any potential risks to non participants in the research, such as, participant's family members and social community? e.g. effects of biography on family and friends or infectious disease risk to the community)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

Does your project specifically target participants from any of the following groups?				
Suffers from a psychological disorder	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Suffering a physical vulnerability	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
People highly dependent on medical care	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Children and/or young people without parental or guardian consent	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
People whose ability to give consent is impaired	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Resident of a custodial institution	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
People unable to give free informed consent because of difficulties in understanding information provided eg. Language difficulties	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Members of a socially and/or culturally identifiable group with special social/cultural/ethnic or religious beliefs or political vulnerabilities	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Aboriginal and Torres Strait Islander Peoples	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Those in a dependent relationship with the researchers eg. Lecturer/student, doctor/patient, teacher/pupil & professional/client	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Participants are identifiable in the final report when specific consent for release has not been given	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

Does your project involve researching in an overseas country?				
Where research is being undertaken in a politically unstable area	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Where research involves sensitive cultural/social/political/ethnic/economic or religious issues	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Where criticism of the government and institutions may be a risk to participants and/or researchers	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO